

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **8,295,297**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/	1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8	/		/			
9		1		1		
10		2		1		
11		3		1		
12		4		1		
13		5		1		
14		6		1		
15	/		/			
16		1		1		
17		2		1		
18		3		1		
19		4		1		
20		5		1		
21		6		1		
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23	/		/			
24		1		1		
25		2		1		
26		3		1		
27		4		1		
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43		20		1		
44		21		1		
45		22		1		
46		23		1		
47		24		1		
48		25		1		
49		26		1		
50		27		1		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		23	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						